



<b>Establishment Name</b> PASTIME GRILL AND PUB	<b>Telephone Number</b> Est 812/945-9055 Own 812-944-6220/502-445-7	<b>Date of Inspection</b> 07/09/2020	<b>ID#</b>
<b>Address</b> 424 EAST MARKET STREET, NEW ALBANY IN 47150	<b>Purpose</b> <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b> 08/10/2020	<b>Released</b> 07/09/2020
<b>Owner</b> GRANT C. RICKARD JR		<b>Menu Type</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Owner's Address</b> PO BOX 938 NEW ALBANY, IN 47151			
<b>Person in Charge</b> RANDI REAGAN			
<b>Responsible Person's Email</b> RANDIREAGAN1966@GMAIL.COM			
<b>Certified Food Handler</b>			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
118	X		X	Observed store without a CFM. PIC and owner are already signed up for a class and test in July. Provide FCHD with copy of certification upon completion.	ASAP
204	X		X	Observed sewage leak continuing in basement. Bucket used to catch drip has overflowed and spilled onto cellar floor. Leak must be fixed within 1 month. An invoice for a 2nd follow-up inspection is attached and must be paid in full before 9/10/20.	9/10/20

Summary of Violations C 2 NC 0 R 2

Received by (name and title printed):  
RANDI REAGAN

Inspected by (name and title printed):  
A.J. Ingram CHIEF FOOD SPECIALIST

Received by (signature):

*Randi Reagan*

Inspected by (signature):

*A.J. Ingram*

cc:

cc:

cc:

**Pastime Bar & Grill (follow-up inspection) 7/9/20**

grant.rickard@s.../Inbox

Jul 9 at 1:33 PM

 **AJ Ingram** <ajingram@floydcounty.in.gov>

To: Pastime Bar &amp; Grill- Grant Rickard (grant.rickard@sbcglobal.net) &lt;grant.rickard@sbcglobal.net&gt;

Cc: RANDIREAGAN1966@GMAIL.COM &lt;randireagan1966@gmail.com&gt;

Please find attached the follow-up inspection report for Pastime Bar & Grill.

Because the plumbing issue in the cellar was not repaired, FCHD will issue an invoice (also attached) for a 2nd follow-up inspection. This must be paid in full prior to 9/10/20.

**A.J. Ingram***Chief Food Specialist***Floyd County Health Department**

Office: 812-948-4726 ext.660

Cell: 812-914-2380

**3 Files** | 236.4kB**Pastime.doc**  
44kB**IMG\_5016.jpg**  
107kB**Pastime(follow-up1)7.9.20.pdf**  
85kB

INVOICE 54241

**NEW ALBANY, IN 47150**

**PHONE: (812) 948-8828**

**FAX: (812) 948-8853**

EMAIL: [info@nortonassociatesplumbing.com](mailto:info@nortonassociatesplumbing.com)  
WEBSITE: [www.nortonassociatesplumbing.com](http://www.nortonassociatesplumbing.com)

NAME \_\_\_\_\_

Grant & Julia Rickard

**ADDRESS**

ADDRESS 3074 George Town Green Villa  
CITY George Town STATE IN ZIP 97162

CITY

JOB LOCATION: Pastimes

ADDRESS 624 E MAKKELI ST

APT. NO./LOT NO.

CITY NEW ALBANY STATE IN

PHONE NO

P.O. NO.

~~AUTHORIZATION BY~~

**WORK PERFORMED:**

Cleaned sewer through CO  
in basement

**FOLLOW UP AND/OR**

**RECOMMENDATIONS:**

### Material

Labor

### Contract

## Permits

### Service Run

SC Discount

\* Married camera

**Sub Total**

**Sales Tax**

**Total Billings**

Amount Paid

**Balance Due**

1850

**1917 Bono Road  
New Albany, IN 47150  
Phone (812) 948-4726 Fax (812) 948-2208**

**INVOICE DATE: JULY 9, 2020**

**FOR:**  
Pastime Bar & Grill  
424 Market St  
New Albany, IN 47150

**Make all checks payable to: Floyd County Health Department**  
**Payment is due by September 10, 2020**  
**If you have any questions concerning this invoice, contact: A.J. Ingram, Environmentalist (x660)**